

# 2024 Summary of Benefits

Blue Cross and Blue Shield Service Benefit Plan

FEP Medicare Prescription Drug Program – FEP Blue Focus

**Jan. 1, 2024 – Dec. 31, 2024**

The FEP Medicare Prescription Drug Program (MPDP) is a prescription drug program with a Medicare contract. Enrollment in MPDP depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please download the Evidence of Coverage at [fepblue.org/medicarerx](https://fepblue.org/medicarerx) or call **1-888-338-7737 (TTY: 711)**.

To enroll in MPDP, you must be:

- A member of the Blue Cross and Blue Shield Federal Employee Program (FEP)
- Enrolled in Medicare A and/or B
- Living in the U.S. or a U.S. territory

You must use pharmacies in our network to receive coverage. You can see a full list of pharmacies at [fepblue.org/medicarerx](https://fepblue.org/medicarerx).

To learn more about MPDP, call 1-888-338-7737 (TTY: 711). Our representatives are available from 8 a.m. to 5 p.m. Eastern time. If it's after-hours, you can leave a message and we'll get back to you within one business day. You can also visit our website at [fepblue.org/medicarerx](https://fepblue.org/medicarerx).

*For coverage and costs of Original Medicare, look in the current "Medicare & You" handbook available at [medicare.gov](https://www.medicare.gov) or by calling **1-800-MEDICARE (1-800-633-4227)** 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.*

## 2024 MPDP Basic Option Benefits

Premiums and Benefits	FEP MPDP – FEP Blue Focus
Monthly Plan Premium	Included as part of your overall FEP health plan premium
Deductible	No deductible for prescription drugs
Prescription Drug Annual Out-of-Pocket Maximum	\$3,250
In-network Retail Pharmacy	
Tier 1 – Generics	\$5 for up to a 30-day supply \$15 for a 31 to 90-day supply
Tier 2 – Preferred brand name	40% of our allowance (\$350 max) for up to a 30-day supply 40% of our allowance (\$1,050 max) for a 31 to 90-day supply
Tier 3 – Non-preferred brand name	40% of our allowance (\$350 max) for up to a 30-day supply 40% of our allowance (\$1,050 max) for a 31 to 90-day supply
Tier 4 – Specialty drugs	40% of our allowance (\$350 max) for up to a 30-day supply 40% of our allowance (\$1,050 max) for a 31 to 90-day supply

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